

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/023229</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3							63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9	1						69						
10		1					70						
11		1					71						
12		1					72						
13		1					73						
14	1						74						
15		1					75						
16		1					76						
17	1						77						
18		1					78						
19		1					79						
20		1					80						
21	1						81						
22		1					82						
23		1					83						
24	1						84						
25		1					85						
26		1					86						
27		1					87						
28		1					88						
29		1					89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.		23					TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						